FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB API							
OMB Number: 3235-							
Expires:	May 31, 2002						
Estimated avera	age burden						
hours per respo							

SEC USE ONLY								
Prefix	Serial							
DA	E RECEIVED							

	<u> </u>	·			·	
Name of Offering (☐ check	if this is an amendment and	name has cha	anged, and inc	dicate change.)		
<u>Universal Exchange C</u>	Corp.				<i>.</i>	
Filing Under (Check box(es) the	at apply): 🔯 Rule 504 🛭	Rule 505	☐ Rule 506	☐ Section 4(6)	☐ ULOE	_
Type of Filing:	g 🖫 Amendment					
	A. BASIC II	DENTIFICA	TION DATA			
1. Enter the information reques	sted about the issuer					
Name of Issuer ( check if t	this is an amendment and nan	ne has chang	ed, and indica	ate change.)		
<u> Universal Exchange (</u>	lorp.			·		
Address of Executive Offices 151 N. Michigan Aver	(Number and Stree	et, City, Stat	e, Zip Code)	Telephone Number	r (Including	Area Code
Suite 2714, Chichago				(312) 946-1	006	RECEIVED
Address of Principal Business (	Operations (Number and Stree	et, City, Stat	e, Zip Code)	Telephone Number	r (Including	Area Code)
(if different from Executive Of	fices)					LIN AR 201
Brief Description of Business					•	يري ۱۱۰۰ ان د ان د
	Development and ope	eration o	f trading	; system		The state of the s
		4				152/6
Type of Business Organization					1	od of SSFD
☑ corporation	☐ limited partnership, a	iready forme	a	O other (please sp	ecify):	PROCEOUL
☐ business trust	☐ limited partnership, to	be formed				JUN 0.9 2003
J		Month	Year			1014 500
Actual or Estimated Date of In	economication or Organization:	0 3	0 3	☑ Actual ☐ Es	timated	THOMSON
	· ·	tor II S. Bos			••••	FINANCIAL
Jurisdiction of Incorporation o	r Organization: (Enter two-let CN for Canad	da: FN for o	ther foreign is	urisdiction)		V
<u> </u>			,			

## **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (7-00) 1 of

′, ', ',		A. BASIC IDENTI	FICATION DATA		
2. Enter the information r	equested for the				
<ul> <li>Each promoter of th</li> </ul>	e issuer, if the i	ssuer has been organized	l within the past five yea	rs;	
<ul> <li>Each beneficial ownersecurities of the issue</li> </ul>	er having the pover;	wer to vote or dispose, o	r direct the vote or dispo	sition of, 10%	or more of a class of equity
• Each executive office	r and director of	corporate issuers and of	corporate general and m	anaging partne	s of partnership issuers; and
<ul> <li>Each general and ma</li> </ul>	anaging partner	of partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first	, if individual)		·····	. *	
Fadiman, Mark				e	
Business or Residence Addr	ess (Number a	and Street, City, State, 2	Zip Code)		
151 N. Nichigan Ave	enue, Suite	2714, Chicago,	Illinois 60601		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first	, if Individual)				
Cary E. Grant					
Business or Residence Addr					
151 N. Nichigan Ave	enue, Suite	2714, Chicago,	Illinois 60601		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	, if individual)				
Nettles, Karon					
Business or Residence Addr	•	and Street, City, State, 2	•		
151 N. Michigan Av	enue, Suite	2714, Chicago,	Illinois 60601	<del>, , </del>	
Check Box(es) that Apply:	☐ Promoter		☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first K.N. Investments.					· · · · · · · · · · · · · · · · · · ·
Business or Residence Addr	ess (Number i	and Street, City, State, 2	Zip Codé)		
667 Kimbark Road,	Riverside,	Illinois 60546			•
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	, if individual)				
Business or Residence Addr	ess (Number a	and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	, if individual)		·	······································	:
Business or Residence Addr	ress (Number a	and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	, if individual)			7788	
Rusiness or Pesidence Addr	· · · · · · · · · · · · · · · · · · ·	and Carret City Casts 1	7:- Codo		

1.1	,		1.5	B. II	YFORMA	TION ABO	OUT OFF	ERING	s fure				
i. Has i	the issuer s	old or do			•							Yes	No
	13540. 3	014, 01 40				ix, Columi				• • • • • • • • •	• • • • •,• • • •	KI	
2. What	t is the mir	imum inv						_				د5 <b>د</b>	000
2	. 15 (110 1111)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	comment th	at will be	accepted I	Tom any i	norviouatt	••••••	• • • • • • • • •		• • • • • • • • •		
3. Does	the offeri	ng permit	joint owne	ership of a	single uni	it?		• • • • • • • • •	• • • • • • • • •			Yes ⊠	No □
sion ( to be list tl	the inform or similar re listed is ar he name of caler, you r	emuneration associate the broke	on for solic ed person o er or dealer	itation of price agent of the contract of the	purchasers a broker ( than five (	in connect or dealer re 5) persons	ion with sa egistered w to be liste	iles of secu ith the SE d are asso	rities in the C and/or v	offering.	If a person	ı	
Full Name	(Last nan	e first, if	individual	)		<del>,</del>		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
ס	rimex P	rime El	ectron	ic Exec	ution,	Inc.							
	r Residenc						vde)		<del></del>		<del></del>		
						•	•	11550					
	3 Front			e 304,	Hempste	ead, Net	V IOIK	11330					
Name of A	Associated	Broker or	Dealer		·.	•	. •						
		<u> </u>						· •					
	Which Pers												
(Check	"All States	or chec	k individu	al States).		• • • • • • • • •		•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • • •	X All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H]	[ ID ]	
[IL]	[ IN ]	[ IA ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	-
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Business o	or Residence	e Address	(Number	and Street	, City, Sta	nte, Zip Co	ode)				<del></del>		
	·	· · · · · · · · · · · · · · · · · · ·				·			·				
Name of	Associated	Broker or	Dealer			•							
States in	Which Pers	on Listed	Has Solic	ited or Int	ends to Sc	olicit Purcl	nasers						<b></b>
(Check	"All State	s" or chec	k individu	al States)				• • • • • • • • •				□ Ali	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[ FL ]	[GA]	[ HI ]	[ ID	}
[IL]	[ IN ]	[ IA ]	{ KS }	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	
[MT]	[NE] [SC]	[NV]	[NH]		[NM]	[NY]	[NC]	[ND]	[OH]	[OK] [WI]	[OR] [WY]	[PA [PR	
[RI]		[ SD ]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[ 44 ]	[ [ [ ]		1
ruii Nam	e (Last nar	ne Hrst, H	individua	1)									
Dusinass	or Residence	a Address	(Number	and Street	City St	ote 7in C	oda)	<del></del>	<u> </u>			·	
Dusiness (	or Kesidein	se Maares	e (laminoci	ana priče	i, City, Si	aie, Zip C	oue)						
Name of	Associated	Broker o	r Dealer					:		<del></del>			
States in	Which Per	son Listed	Has Solid	ited or In	tends to So	olicit Purc	hasers	<u>.</u>			<del></del>		
	"All State											□ All	State
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	( HI )	.[ ID	
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[MT]	[NE]	[NV]	(NH)	[ NJ ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
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l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price		mount Alre Sold	ady
	Debt	<b>s</b> 0-	_ \$	-0-	
	Equity	\$1,000,000	- ·-	-0-	
	☑ Common ☐ Preferred			·	
	Convertible Securities (including warrants)	<b>-</b> 0-	,	-0-	
	Partnership Interests		- °-	-0-	
	Other (Specify)	0	- <i>-</i> -	-0-	•
	Total	1,000,000	_ \$_	-0-	
	Answer also in Appendix, Column 3, if filing under ULOE.	J			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Г	Aggregat	
		Investors		of Purchas	
	Accredited Investors	-0-	_ \$_	-0-	
	Non-accredited Investors		_ \$_	-0-	
	Total (for filings under Rule 504 only)	-0-	_ \$.	-0-	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Time of		ollar Am	
	Type of offering	Type of Security	D	Sold	ount
	Rule 505	-0-	_  \$.	-0-	
	Regulation A		_ \$.	-0-	
	Rule 504		_ \$.	-0-	
	Total	-0-	\$.	-0-	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			0	
	Transfer Agent's Fees		⊐ \$	-0-	
	Printing and Engraving Costs		<b>5</b>	500	<u>-</u>
	Legal Fees		□ <b>\$</b>	25,000	
	Accounting Fees		□ <b>\$</b>	5,000	
			⊒, \$	-0-	
	(including Non - A/C Expen	se Allowanc	e) 🛭 🖠	130,00	0
	O.L C C C C C. A. DULLE MOULEVE	isc.	<b>3</b> \$	12,00	0
	Other Expenses (identity) Offering Expenses  Total		<b>2</b> 1 \$	172,50	0

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

·				
C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND	USE	OF PROCEED	S
b. Enter the difference between the aggregate of tion 1 and total expenses furnished in response "adjusted gross proceeds to the issuer."	offering price given in response to Part C - to Part C - Question 4 a. This difference	Ques-		\$ 827,500
5. Indicate below the amount of the adjusted groused for each of the purposes shown. If the an estimate and check the box to the left of the estit the adjusted gross proceeds to the issuer set for	ss proceeds to the issuer used or proposed nount for any purpose is not known, furn mate. The total of the payments listed must	l to be ish an		
			Payments to Officers, Directors, & Affiliates -0-	Payments To Others -0-
Salaries and fees				-0-
Purchase of real estate		•		-0-
Purchase, rental or leasing and installation	of machinery and equipment	. 🗆 \$.		<b>S</b>
Construction or leasing of plant buildings	and facilities	. 🗆 \$.	-0-	<b>\$</b>
Acquisition of other businesses (including to offering that may be used in exchange for issuer pursuant to a merger)	the assets or securities of another	. 🗆 \$.	-0-	-0-
Repayment of indebtedness		. 🗆 S	-0-	□ <b>s</b>
Working capital (Payable to Unive	ersal Exchange Corp.)	. <b>≥</b> \$.	777,500	□ <b>s</b> -0-
Other (specify): Cost of Design S				
		- . 🗆 \$	-0-	
Column Totals	•	. 🖸 \$	777,500	<u>\$ 50,000</u>
Total Payments Listed (column totals adde	d)		<b>3</b> \$82	7,500
	D. FEDERAL SIGNATURE	DXC 941	a Tal Marcella	840, 841 4 4 4 4
The issuer has duly caused this notice to be signed following signature constitutes an undertaking by t quest of its staff, the information furnished by the	he issuer to furnish to the U.S. Securities a	and Ex	change Commis	sion, upon written re
Issuer (Print or Type)	Signature /// ////		Date	
Universal Exchange Corp.	I was the		May	27, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)			<del></del>
Mark Fadiman	President Mul MM		<del>7</del>	
	Mar	KE	admen	·

-ATTENTION-

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No Ø
	See Appendix, Column 5, for state response.		
2.	. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed,	a not	ice on

- Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

	1 01	
Issuer (Print or Type)	Signature ///	Date
Universal Exchange Corp.	Jow from	May 27, 2003
Name (Print or Type)	Title (Print or Type) Wark Fadiusan	
Mark Fadiman	President POAFK 1 10 1414	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3	Ari							
	Intend to non-a investor	to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		Type of investor and amount purchased in State  (Part C-Item 2)						
State	_Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	(Part E	No		
AL									110		
AK							· · · · · · · · · · · · · · · · · · ·				
AZ											
AR											
CA											
со											
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1		2	3	APPENDIX 4 5 5							
	to non	nd to sell -accredited ors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		Type of investor and amount purchased in State  (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)		
State	Yes	No	·	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT			,								
NE					!		~ · · · · · · · · · · · · · · · · · · ·				
NV											
NH						·					
NJ	4,00										
NM											
NY											
NC											
ND											
ОН											
OK											
OR	4						·				
PA							,				
RI	C. Aliabana										
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VT	A COMM										
VA			·								
WA											
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